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ABSTRACT

A study investigated whether the interactive behaviors of elderly individuals were significantly influenced by their environment. The key to the investigation was the notion that human interaction can function to aid elderly individuals as they adapt to aging. Subjects were individuals over 65 years of age living in one of three separate environments: (1) 60 individuals who owned their own homes and resided in those homes for more than ten months out of each year; (2) 30 living in a retirement village; and (3) 30 residing in a nursing home facility. A questionnaire was designed to gather information about the subjects' communication behavior patterns and their ability to adapt to aging. Among the results, it was found that those living at home interacted more with family and reported greater relational quality with family; those individuals living in a retirement village interacted more with friends and reported closer relationships with friends than with family; and individuals living in a nursing facility were greatly restricted in their frequency of interaction with both family and friends, and reported much less relational quality with both family and friends. Surprisingly, the elderly at home and in the retirement community discussed their health significantly more than did the elderly in the nursing facility. Also, those at home and in the retirement village discussed community events as well as world and national events much more than did the elderly in the nursing home, indicating more interest in the social activity of both the neighborhood and the country. (HOD)

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AN INITIAL INVESTIGATION INTO THE INTERACTION BEHAVIOR OF ELDERLY INDIVIDUALS ACROSS THREE LIVING ENVIRONMENTS

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ABSTRACT

This investigation examined and contrasted the interactive behavior of elderly individuals living in three different environments. 120 individuals aged 65 and older completed the Adult Communication Survey. Results indicated that elderly individuals living in different environments have significantly different interactional patterns. Implications of the findings are discussed.

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AN INITIAL INVESTIGATION INTO THE INTERACTION BEHAVIOR OF ELDERLY INDIVIDUALS ACROSS THREE LIVING ENVIRONMENTS

As is the case with most new disciplines, the study of human communication is constantly expanding into domains of behavior not previously associated with human interaction. While this expansion has often led communication researchers down fruitless paths of inquiry, much needed research has recently begun in areas inextricably related to human interaction. The purpose of this investigation is to explore interactional patterns of individuals aged 65 and older.

Cicirelli (1980) reports that 11% of the total population of the United States have reached their 65th birthday. This, in conjunction with the knowledge that the fastest growing segment of the population are those 75 years and older, points to the importance of gathering information pertinent to this population. Although gerontologists from many disciplines have focused their research on many aspects of aging, interactional patterns of these same individuals have received very little systematic investigation.

The purpose of this investigation is to examine and contrast the interactive behavior of elderly individuals living at home, in a retirement village, and in a nursing home.

THEORETICAL APPROACHES TOWARD SUCCESSFUL ADAPTATION TO AGING

A number of theories have been advanced during the past few decades which have stressed the importance of social interaction as a mechanism for successful adaptation to aging. Cumming, Dean, Newell, and McCaffrey (1960) advanced the Disengagement Theory of aging as a functional approach to social interaction. Disengagement refers to a mutual withdrawal of the individual from society and society from the individual. This withdrawal is universal as well as inevitable. The elderly individual who accepts this withdrawal is likely to successfully adapt to aging (Lowenthal and Boler, 1965; Havighurst, Neugarten, and Tobin, 1970; Tallmer and Kutner, 1969; and Maddox and Eisdorfer, 1965).

A second theoretical approach toward aging is known as the Activity Theory. Social interaction is viewed as the key to successful aging within this theory. Burgess (1954), Lebo (1953), and Reichard, Livson, and Peterson (1962) found a direct relationship between high levels of activity and high moral. In addition, Tobin and Neugarten (1961), Adams (1969), Bley, Goodman, Dye, and Harel (1972), Lemon, Bengston, and Peterson (1972), Larson (1978), and Cutler (1979) report a positive relationship between life satisfaction in an elderly individual and social interaction.

The final theoretical approach toward aging was proposed by Neugarten, Havighurst, and Tobin (1968). Their Personality-Continuity Theory of aging postulates that successful aging is dependent upon each individual personality. Thus, personality is the pivital dimension in predicting relationships between social activity and life-satisfaction.

MEANING OF INTERACTIONAL PATTERNS

Communication theorists have concerned themselves with the importance of human interaction since the beginning of this century. These theorists, however, have never been able to agree on a simple, concise explanation of the meaning or function of human interaction. George Herbert Mead and his followers through their symbolic interaction approach, Harry Stack Sullivan, Abraham Maslow, George Kelly and many others through their psychological approaches, and most recently Gregory Bateson, Paul Watzlawick and their followers have all attempted to incorporate the importance of human interaction into their understanding of human behavior. The central question of just what affect interactive behavior has upon individuals, however, still remains.

Several theorists have attempted to define the basic makeup of human interaction. Thibaut and Kelley (1959) and Homans (1961) have written that an interaction takes place only when the behavior of one person has been rewarded or punished by the other person. Pearce (1976) concentrates on "the coordination process by which individuals intermesh their own actions with those of someone else . . ." (p. 24). Watzlawick, Beavin, and Jackson (1967) consider human interaction to be a system, such that, "two or more communicants in the process of, or at the level of, defining the nature of their relations" (p. 121) constitute an interactional system.

For the purposes of this investigation, any exchange of messages between two or more individuals on a given topic will be considered an interaction. It should be noted that this conceptualization of human interaction does not stipulate that "meanings" have to be shared or that the exchange of messages must be face-to-face.

The greater implication for human interaction, however, rests with the affects that the interaction has upon the communicants. Perhaps, the most impressive discussion of the implications of interaction can be found in the writings of those involved with Family Systems Theory (Jackson, 1968) and the Double Bind Theory of Schizophrenia (Bateson, Jackson, Haley, and Weakland, 1956; Sluzki and Ransom, 1976). These theorists focus on the communicative behavior within human interaction. One outcome of contradictory or paradoxical message exchange within an important relationship is schizophrenia. Thus, the interaction is the vehicle for the individual loosing touch with reality. Although these theorists have concentrated on the negative outcomes of interaction, it is not unreasonable to assume that positive, successful interactions can have positive outcomes for the individuals within the interaction.

The key to this investigation rests with the notion that human interaction can function to aid elderly individuals as they adapt to aging. The theories of aging presented above have given social interaction a central role for an elderly individual's successful adaptation to aging. These theories, however, are far too simple to truly document the dynamic nature of human interaction. Of special note are the interactional patterns that elderly individuals construct for themselves. These patterns consist of the frequency with which an elderly person enters into interaction, the individuals chosen to interact with, the content of the conversation, and the mode by which the interaction takes place (i.e., face-to-face, over the phone, through the mail, etc.).

LIVING ENVIRONMENTS

Communication researchers have only recently begun to examine the context of interaction as an important factor influencing the communication behavior of the interactants. Meherabian (1976), Hall (1966), Maslow and Mintz (1956), Festinger, Schechter and Back (1950) and many others have shown that context does affect the frequency of social contact, perceptions of interactants, and topics of consideration.

Although it is impossible to determine the exact number of elderly individuals residing in different living enviornments, it is obvious that the elderly in this society do live in a number of different environments. Butler (1980) reports that as many as 1.2 million individuals aged over 65 live in nursing homes. In addition, it has been estimated that 25% of the total population of elderly individuals live in retirement villages or in retirement communities (esitmate by Americana Healthcare Corporation, 1980). The vast majority of elderly individuals, however, still reside in their own homes.

A series of studies have attempted to relate interaction patterns with type of living environment. Mumford (1950) argued against age segregated housing stating that the elderly need contact with the young. On the other hand, researchers have shown that in age-integrated settings, interage contact is normally at a minimum whereas the age-concentrated setting has the potential for enhancing friendship and social activity (Carp, 1966; Bultana and Wood, 1969; Lawton, 1970; and Sherman, 1975). Sherman (1975) found that residents in retirment facilities

interacted less with their children, grandchildren and other relatives and had few friends younger than 40. These individuals also had more new friends and visited more with neighbors.

This research points to the importance that living enviornments can have upon elderly individuals. More interactive contact and contact of a different nature would be expected in a retirement facility. Individuals within nursing homes would be expected to have contact mostly with the staff of the facility and the interaction would concentrate upon the health of the elderly person. The closeness of differing relationships should also change across the living environments. One would expect family to be closest for an individual living at home or in a nursing facility (York and Calsyn, 1977). However, an individual living in a retirement village should have closer relationship to friends.

RESEARCH QUESTIONS

A number of research questions follow from the above discussion:

R_1: Do elderly individuals living in different enviroments have different interactional patterns?

R_2: Do elderly individuals living in a retirement community have a greater frequency of interactions than those individuals living at home or in a nursing facility?

R_3: Do elderly individuals living in a retirement community enter into interaction with more quality than individuals living at home or in a nursing facility?

R_4: Do elderly individuals living in a retirement community interact on different topics than individuals living at home or in a nursing facility?

R_5: Do elderly individuals living in a retirement community use different modes of interaction than individuals living at home or in a nursing facility?

METHODS AND PROCEDURES

Site of the Study

The study was carried out in the West Lafayette-Lafayette area of midnorth-central Indiana. Recent census information (see 1980 Bureau of Census Statistics) indicates that approximately 65,000 individuals reside in this area of Indiana. Although the area is dominated by Purdue University, the city of Lafayette does support a variety of industries which makes it typical of many midwestern cities.

Three seperate living environments were chosen for study in this investigation. The first environment was the home/neighborhood environment. All individuals who owned their own house and resided in this house for more than 10 months out of each year were considered to be part of the home/neighborhood environment. The second environment was

the retirement village environment. This environment consisted of elderly individuals who have moved to an age segregated community which caters to the needs of individuals beyond their 65th birthday. Two seperate retirement villages were included in the survey. Westminster Village, located in West Lafayette, Indiana, consists of 224 private apartments with full kitchens, a social center with facilities for recreation and dining, and a 38 bed health center. This retirement center is affiliated with the Synod of Lincoln Trails of the United Presbyterian Church. Friendship House, also located in West Lafayette, Indiana, is a retirement community financed by the United States Department of Housing and Urban Development (HUD). At the time of the survey, Friencship House had 99 active residents. The two retirement villages provided individuals with a good mix of social-economic status and education background characteristics. The final living environment was the nursing home environment. This environment consisted of elderly individuals living in a skilled nursing convalescent center in Lafayette, Indiana. The center, at the time of the survey, had 98 residents.

Population and Sampling

The population which was studied in this investigation were those individuals over 65 years of age living in the three living environments discussed above. 60 elderly subjects were those individuals living in the home/neighborhood environment. Of the 60 subjects, 30 were male and 30 were female. In addition, 30 subjects were between 65 and 74 years of age and 30 subjects were over 75 years of age. Thus, this home/neighborhood environment had 15 males and 15 females aged between 65 and 74, and 15 males and 15 females aged over 75.

Cicirelli (1980) reports, and census statistics support his contention, that aged women are increasing in population at a much greater rate than elderly men. This is even more true for those individuals 75 years of age and older. This fact becomes dramatic when one attempts to collect data from elderly men living in retirment villages or in nursing homes. Administrators at both retirement villages and at the nursing home reported that over 80% of the residents living in their communities were female. For this reason, only female subjects living in the retirement village environment and the nursing home environment were included in this study.

15 females aged 65-74 and 15 females aged over 75 served as subjects from the retirement village environment. Similarly, 15 females aged 65-74 and 15 females aged over 75 served as subjects from the nursing home environment.

A totoal of 120 elderly individuals served as subjects for this investigation. It should be noted that over 700 questionnaires were distributed and 373 questionnaires were completed.

Construction of the Questionnaire

The Adult Communication Questionnaire was designed to gather information about elderly individuals' communication behavior patterns and their ability to adapt to aging. All items were constructed in an objective closed end format so that information was quantifiable and minimal coding was required. An initial draft of the questionnaire was pilot-tested in Lafayette, Indiana, and revisions were made when needed.

The final form of the questionnaire consisted of 131 numbered items. On the average, the questionnaire took 20 minutes to complete.

The questionnaire consisted of several distinct parts:

1. Communicator Characteristics. This initial section of the questionnaire contained subject identification information. Specifically, subjects were asked in what year they were born, how old they were, what their sex was, whether they are currently married, divorced, widowed, and where they are currently living.

2. Family Talk Scale. This section of the questionnaire contained items designed to gather information concerning the subject's communication behavior with his/her closest five family members. Specifically, each subject was asked to give the first name, age, relation, how close they felt toward this person, how often they talk with this person, how much enjoyment they get from talking with this person, and the mode with which the communication transpires with the closest five family members.

3. Friend Talk Scale. This section of the questionnaire contained items designed to gather information concerning the subject's communication behavior with his/her closest five friends. Specifically, each subject was asked to give the first name, age, how close they felt toward this person, how often they talk with this person, how much enjoyment they get from talking with this person, and the mode with which the communication transpires with the closest five friends.

4. Topic Scale. This section of the questionnaire contained items designed to gather information about topics of conversation. Ten topics of conversation were included. These topics were previously included in

Cicirelli's Supplementary Sibling Interview. Each subject was asked to identify how much they talk about each topic and the relation and age of the individual with whom they talk about the following topics: Old Times, Your Family, Your Health, Community Events, Religion, Household Things, National or World Events, Problems of Old Age, Hobbies, and Death.

5. Adaptation to Aging. A 20-item, 5 point Likert-type version of the Life Satisfaction Index A (LSIA) was used to measure each subject's ability to adapt to aging. 4-items were included as distractors. The remaining 16-item scale had 4 dimensions: Mood Tone, Zest for Life, Resolution and Fortitude, and Congruence between desired and achieved goals.

Data-Collection

All data were collected in a two month period during the winter months of 1981. Those individuals who were part of the home/neighborhood environment were contacted through senior citizen centers, local churches, and friendship networks. Each individual completed the questionnaire and returned it directly to the principal investigator.

All data collected in the retirment village environment were coordinated by the retirment village administrators. The principal investigator explained the study to the administrators who in turn explained the study to all residents at the monthly resident meeting. The administrators then distributed the questionnaires and had the questionnaires returned directly to them. The principal investigator then collected the questionnaires from the administrators.

The data collected in the nursing home environment often involved reading the questionnaire to the subject because of health problems. If this was the case, one of three trained interviewers read each item to the subject and then recorded his/her response. The interviewer judged the mental capacity of each subject and reported back to the principal investigator as to the validity of the interview. Only data judged by the interviewer to be valid were included in the study.

Analysis of the Data

Prior to examing the research questions, several variables of interest were formed by summing various items in the questionnaire. The frequency of interaction with family variable was formed by summing the number of family members listed and the frequency with which each family member

interacted with the subject. The frequency of interaction with friends variable was formed by summing the number of friends listed and the frequency with which each friend interacted with the subject. The quality of interaction variable for both family and friends was formed by summing how much enjoyment each subject got from talking with the listed individual and how close the subject felt to the listed individual.

Each relation listed was given an identifying number. Thus, Son=2 Daugher=3, Grandson=4, Friend=13, etc. . . In all, 20 different relations were coded.

Each mode of communication listed was given an identifying number. Thus, Face-to-Face Interaction=1, Interaction over the Telephone=2, Writing to One Another=3, etc. . . In all, seven modes of communication were coded.

The research questions were analyzed with a number of different statistical techniques. The first research question asking whether elderly individuals living in different environments have different interactional patterns was initially examined with Pearson correlations of all relevent variables. A One-Way Analysis of variance design with frequency of interaction, relational quality, and conversational topics as dependent variables was used to test Research Questions 2, 3, and 4. The independent variable was living environment (home/neighborhood, retirement village, and nursing home). The fifth research question was examined with the use of percentages of mode used in the interaction.

The level of significance was set at .05 for all analysis of variance comparison tests.

RESULTS

The first research question asked whether elderly individuals living in different living environments have different interactional patterns. Table 1 summarizes the Pearson correlations of all relevant variables across the three living environments for the first research question.

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Insert Table 1 Here

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A One-Way Analysis of variance design was utilized to examine research questions 2, 3, and 4. Research question 2 asked whether elderly individuals living in a retirment community have a greater frequency of interactions than those individuals living at home or in a nursing facility. Results indicated significant differences in frequency of interaction with family ($F=15.58$, $df=2/114$, $p < .001$) and with friends ($F=31.88$, $df=2/114$, $p < .001$) across living environments. A Post-Hoc Comparison Test (Scheffe) to determine where the significant differences were located was performed. Elderly individuals at home interact significantly more with their family ($t=5.4$, $df=89$, $p < .001$) and more with their friends ($t=6.7$, $df=89$, $p < .001$) than do elderly individuals living in a nursing facility. Elderly individuals living at home interact significantly more with their family ($t=2.4$, $df=89$, $p < .01$) than do elderly individuals living in a retirment community. Elderly individuals living in a retirement community interact significantly more with family ($t=2.7$, $df=59$, $p < .01$) and with

their friends ($t=7.6$, $df=59$, $p < .001$) than do elderly individuals living in a nursing home. Figure 1 summarizes the mean scores of friend and family interactions across the three living environments.

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Insert Figure 1 Here

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Research question 3 asked whether elderly individuals living in a retirement community enter into interaction with more quality than individuals living at home or in a nursing facility. Results indicated significant differences in quality of interaction with family ($F=15.03$, $df=2/117$, $p < .001$) and with friends ($F=30.50$, $df=2/117$, $p < .001$) across living environments. A Post-Hoc Comparison Test (Scheffe) to determine the exact nature of the differences was performed. Elderly individuals living at home report significantly higher quality relationships with family ($t=5.4$, $df=89$, $p < .001$) and with friends ($t=6.6$, $df=89$, $p < .001$) than do elderly individuals living in a nursing facility. In addition, elderly individuals living in a retirement village reported significantly higher quality relationships with family ($t=3.6$, $df=59$, $p < .001$) and with friends ($t=7.2$, $df=59$, $p < .001$) than do elderly individuals living in a nursing facility. Figure 2 summarizes the mean scores of the relational quality of interactions across living environments.

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Insert Figure 2 Here

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Research question 4 asked whether elderly individuals living in a retirement community interact on different topics than individuals living at home or in a nursing facility. Results indicated significant differences in topic of conversation across the following topics: Health ($F=3.81$, $df=2/117$, $p<.02$); Community Events ($F=6.67$, $df=2/117$, $p<.001$); and World and National Events ($F=10.94$, $df=2/117$, $p<.001$). A Post-Hoc Comparison Test (Scheffe) to determine where the significant differences were located was performed. Elderly individuals living at home discussed their Health ($t=2.4$, $df=89$, $p<.02$), Community Events ($t=3.6$, $df=89$, $p<.001$), and World and National Events ($t=4.6$, $df=89$, $p<.001$) significantly more than did elderly individuals living in a nursing facility. In addition, elderly individuals living in a retirement community discussed their Health ($t=2.5$, $df=59$, $p<.02$), Community Events ($t=2.3$, $df=59$, $p<.03$), and World and National Events ($t=3.3$, $df=59$, $p<.001$) more than elderly individuals living in a nursing facility. Figure 3 summarizes the mean scores of all topic areas across living environments.

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Insert Figure 3 Here

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Research question 5 asked whether elderly individuals living in a retirement community use different modes of interaction than individuals living at home or in a nursing facility. Table 2 summarizes the percentage of mode use across living environments.

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Insert Table 2 Here

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DISCUSSION AND CONCLUSION

The research questions posited within this study asked whether the interactive behaviors of elderly individuals were significantly influenced by the living environment of those elderly individuals. Results indicated that, indeed, living environment does affect such interactive behavior as frequency of interaction with family and friends, the quality of interaction with family and friends, and the topics of conversation. Elderly individuals living at home interacted more with family and reported greater relational quality with family. Those individuals living in a retirement community interacted more with friends and reported closer relationships with friends rather than with family. Individuals living in a nursing facility were greatly restricted in their frequency of interaction with both family and friends and also reported much less relational quality across both family and friends than did the elderly at home or in a retirement community.

The topics of conversation also differed greatly across the three living environments. Surprisingly, the elderly at home and in a retirement community discussed their health significantly more than the elderly in the nursing facility. This, possibly, could be an indication of masking behavior or an attempt to cope with the obvious reason of why an individual is in a nursing facility. In addition, elderly individuals at

home and in a retirement community discussed community events as well as world and national events much more than did the elderly in a nursing home, thus, indicating more interest in social activity both in the neighborhood and in the country.

If the Activity Theorists are correct, one would expect a much higher level of life satisfaction for elderly individuals at home and in retirement villages because of the interactive system than those elderly individuals living in a nursing facility. However, if the Disengagement Theoriests are correct, the nursing home with its minimal interactive system would provide a vehicle for Disengagement and, yet, still permit, with successful adaptation, the elderly to be satisfied with life. Although it is beyond the scope of this investigation to test for differences in life satisfaction, it is not difficult to speculate from the finding of the investigation, that living environment will influence the adaptive behavior of the elderly and eventually the level of life satisfaction.

The interactive systems determined by these living environments can also influence the self-concept of the elderly. Since most communication theoriests hold that self-concept grows out of interaction, it is obvious that the different patterns of interaction in each living environment would produce different feelings of self-worth and self-esteem among the elderly.

Summary

This study represents an initial investigation into the interactive behavior of elderly individuals. Much work needs to be done to link differences in interactive behavior to such important concepts as life-satisfaction and self-concept among the elderly. It is the responsibility of communication researchers to document the interactive behavior of the elderly so that one day we, in conjunction with others studying the elderly, can somehow improve the quality of life among the aged.

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TABLE 1

Pearson Correlations of All Relevant Variables for R_1

Home/Neighborhood Environment

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1) Friend Interaction	-	.18	.81	.24	.03	.07	.17	.20	.12	.05	.23	.31	.22	.11
2) Family Interaction		-	.16	.74	.03	.39	.07	.20	.34	.20	.03	.11	.25	.14
3) Friend Quality			-	.32	.20	.14	.15	.12	.21	.02	.21	.19	.20	.18
4) Family Quality				-	-.01	.31	.19	.06	.30	.15	-.05	.04	.25	.07
5) Old Times					-	.27	.01	-.01	-.03	.12	.22	.04	.03	.05
6) Family						-	.36	.29	.27	.34	.17	.20	.22	.19
7) Health							-	.05	.37	.26	-.23	.47	.07	.38
8) Community Events								-	.39	.41	.41	.12	.21	-.01
9) Religion									-	.31	.01	.35	.29	.34
10) Household Things										-	.15	.27	.31	.12
11) World & National Events											-	.18	.45	.10
12) Problems of Old Age												-	.29	.44
13) Hobbies										-			-	.30
14) Death														-

Correlation of .20 is significant at the .05 level.

TABLE 1

(Continued)

Retirement Village Environment

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1) Friend Interaction	-	.03	.71	.02	.12	.15	.12	.16	.15	.23	.23	-.23	.22	.17
2) Family Interaction		-	.12	.83	.33	.15	.10	.26	.42	.17	.30	.13	.55	.46
3) Friend Quality			-	.22	.31	.33	.37	.15	.28	.29	.20	-.30	.34	.22
4) Family Quality				-	.23	.20	.19	.17	.30	.10	.15	.08	.58	.51
5) Old Times					-	.35	.32	.36	.41	.33	.35	.26	.13	.21
6) Family						-	.31	.31	.43	.44	.20	.08	.16	.20
7) Health							-	.18	.35	.32	.08	.39	.29	.32
8) Community Events								-	.34	.49	.70	.34	.53	.04
9) Religion									-	.38	.25	.10	.36	.54
10) Household Things										-	.63	.16	.38	.15
11) World & National Events											-	.34	.49	-.01
12) Problems of Old Age												-	.28	.19
13) Hobbies													-	.31
14) Death														-

Correlation of .29 is significant at the .05 level.

TABLE 1

(Continued)

Nursing Home Environment

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1) Friend Interaction	-	-.24	.89	-.24	.34	.00	.18	.33	.31	-.19	.21	.28	-.26	.15
2) Family Interaction		-	-.30	.92	-.21	.50	.01	-.06	-.21	.07	-.26	-.10	.16	-.20
3) Friend Quality			-	-.12	.42	-.11	.19	.21	.33	-.23	.13	.21	-.27	.10
4) Family Quality				-	-.23	.39	-.01	-.07	-.29	.14	-.19	-.07	.15	-.23
5) Old Times					-	-.01	.20	.38	.23	.13	.04	.19	.01	.11
6) Family						-	.13	.01	.27	.06	.28	.08	.10	.21
7) Health							-	.58	.25	-.05	.29	.66	.16	.54
8) Community Events								-	.17	.25	.46	.58	.27	.37
9) Religion									-	-.01	.13	.22	.02	.31
10) Household Things										-	.13	.00	.65	-.04
11) World & National Events											-	.46	.23	.49
12) Problems of Old Age												-	.11	.81
13) Hobbies													-	.10
14) Death														-

Correlation of .29 is significant at the .05 level.

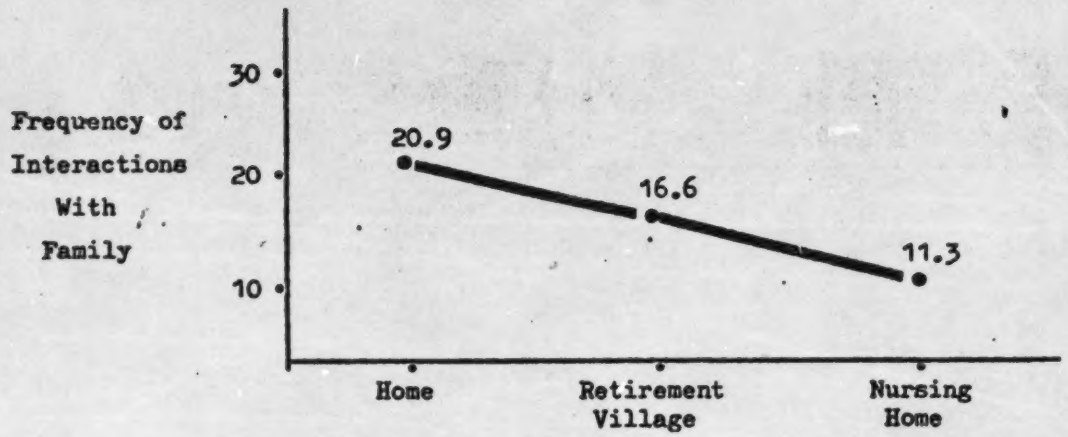
TABLE 2

Percentage of Mode Use Across Living Environment

	Home	Retirement Village	Nursing Home
Face-to-Face	36%	33%	51%
Telephone	20%	18%	13%
Write	4%	6%	9%
Face-to-Face & Telephone	24%	23%	12%
Face-to-Face & Write	9%	3%	3%
Telephone & Write	4%	9%	12%
Face-to-Face & Telephone & Write	3%	7%	0%

FIGURE 1

Mean Score Comparison of Frequency of
Friend and Family Interactions Across Living Environments



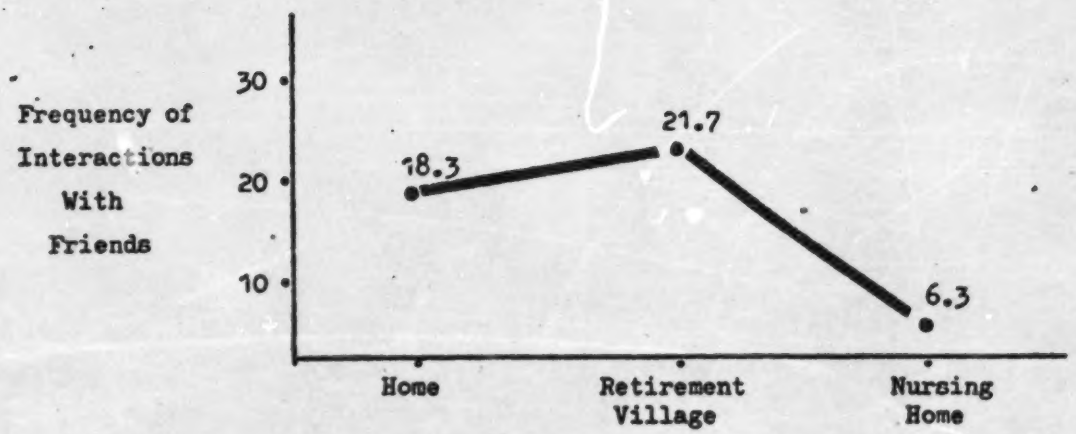
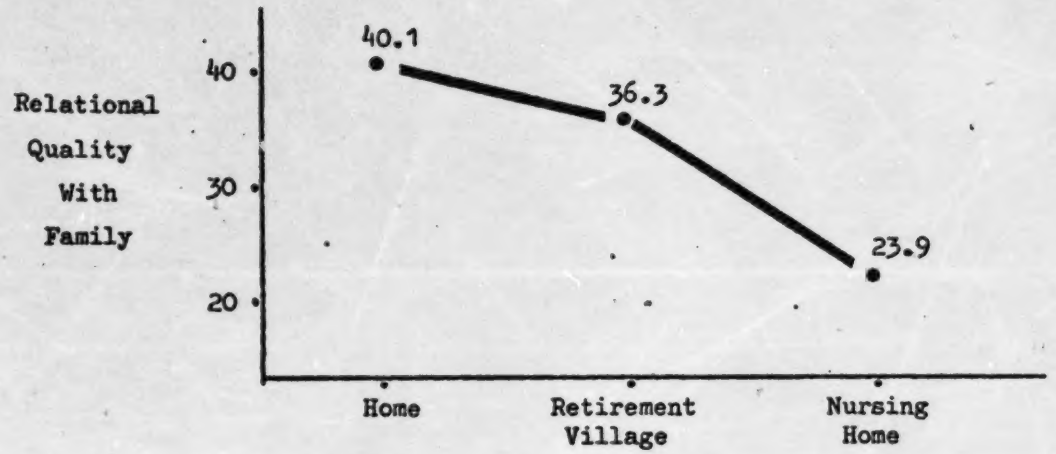


FIGURE 2

Mean Score Comparison of Friend and
Family Relational Quality Across Living Environments



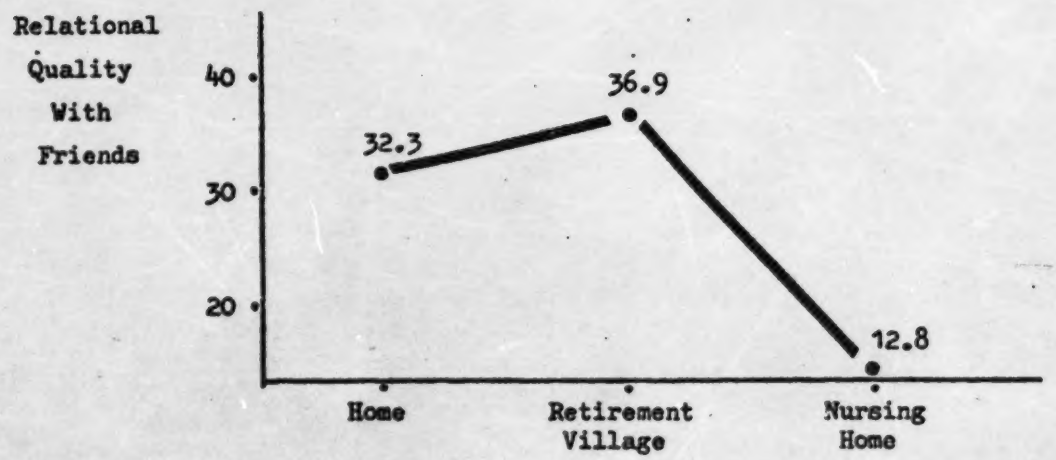


FIGURE 3

Mean Score Comparison of All Topic Areas Across Living Environments